RCMP

SERVING THE POLICE COMMUNITY SINCE 1938

GAZETTE

2014 MARCOM GOLD AWARD WINNER

VOL. 77, NO. 3, 2015

HAVE YOUR SAY
READ RCMP SURVEY INSIDE P. 31

HELPING HAND
HOW POLICE COPE AND RECOVER FROM STRESS

MONCTON RECOVERS
HOW CITY AND COMMUNITY APPROACHES TO HEALING P. 12

COURAGEOUS COMPANIONS
DOGS HELP WITH PTSD TREATMENT P. 14

FAR FROM HOME
SUPPORTING MENTAL HEALTH OF POLICE ON MISSION P. 18

TALKING THROUGH THE PAIN
GUNSHOT SURVIVOR SHARES HER STORY P. 22

RCMP-GRC.GC.CA

Royal Canadian Mounted Police / Gendarmerie royale du Canada

Canada

RCMP
RCMPCAREERS.CA
A uniform with your name on it
is waiting for you.
Royal Canadian Mounted Police
Gendarmerie royale du Canada
Canada

GAZETTE
Serving the police community since 1939
Vol. 77, No. 3, 2015
A Royal Canadian Mounted Police Publication

COVER SECTION

7 RCMP takes the road to mental readiness
9 Panel Discussion: How can police agencies help members deal with work-related stress?
12 Moncton recovers though multi-faceted approach to healing
14 Service dogs help police cope with PTSD
16 Supporting the psychological health of police on international missions
18 Research aims to enhance RCMP mental health care
20 Stress and emotion in police communications
22 Q&A with officer Ann Carrizales, multiple-gunshot survivor
24 Mutual support and coping while policing Canada's North

DEPARTMENTS

4 Editorial message
5 News Notes
25 Just the Facts: Property crime
26 Ask an Expert: Cyber psychologist and *CSI: Cyber* inspiration Mary Aiken
28 On the Leading Edge
30 Best Practice: Mobile team provides rapid response to people in crisis
31 Readership Survey

RCMP

TAKING CARE OF OUR OWN

Stories about police officer health and safety have always been popular in the *Gazette*. In fact, over the last few years they've consistently ranked among our most read online and most liked and shared on social media.

This suggests that these are concerns shared by many of our readers in the law enforcement community. And it makes sense, since studies have shown that the stress of the job and the sedentary nature of police work have been linked to increased health risks.

That's why we introduced a short series last year outlining what some police officers are doing to reduce these risks and stay healthy. That series coincided with the launch of the RCMP's five-year mental health strategy in May last year. And it's why we've dedicated our cover section to stress, coping and recovery.

The cornerstone of the RCMP strategy is force-wide, mandatory mental health training, using the Road to Mental Readiness program. As Roxanne Beaubien reports in our cover story, the program is not just about addressing work-related stress. It's about raising awareness about mental health, reducing the stigma of mental illness and learning how to build long-term resilience in a positive way.

But why not sooner? In his article on the specific challenges facing RCMP members, Dr. Nicholas Carleton argues that may not have been possible without the recent cultural shift towards recognizing the importance and value of mental health.

Carleton also chronicles the history of how post-traumatic stress disorder (PTSD) was perceived by the Canadian military before it became an accepted medical diagnosis. Another hot topic for police and first responders, PTSD plays an important role in our cover section.

Amelia Thatcher explores how PTSD service dogs are being used by military members, first responders and RCMP officers to cope with the effects of trauma. And she examines how the RCMP, the City of Moncton and members of the community are helping each other heal after the fatal shooting of three RCMP members last year in June. She also interviews Texas police officer Ann Carrizales, who shares her story of PTSD recovery after being shot in the face and chest.

We also highlight what the RCMP is doing to support the mental health of police on international missions, how stress affects 911 operators and how police cope while working in isolated northern areas.

Outside of our cover section, don't miss our interview with cyber psychologist Mary Aiken, the inspiration behind the CBS television show *CSI: Cyber*, who has some valuable insights for law enforcement into child sexual exploitation and sexting.

And read how police in Hamilton, Ont., are pairing police officers with mental health professionals to better respond to and meet the needs of people in crisis.

That's just another example of how mental health is becoming a higher priority for police officers — whether it's to help each other or those they serve and protect. ■

— Richard Vieira

READERSHIP SURVEY

It's been more than 10 years since our last readership survey. A lot has changed since then, especially how readers consume media content. So we're looking to get your feedback on not only the quality of existing content in the *Gazette*, but also the formats in which you receive or access the magazine. To learn more about how you can have your say, flip to page 31.

GAZETTE

PUBLISHER: Karyn Curtis

EDITOR: Richard Vieira, Katherine Aldred

WRITERS: Deidre Seiden, Amelia Thatcher

WEB PUBLISHER: Richard Vieira

GRAPHIC DESIGN: Lisa McDonald-Bourg

ADMINISTRATIVE SUPPORT AND CIRCULATION: Joan Cook

TRANSLATION: RCMP Translation Services

PRINTING: St. Joseph Communications

The *Gazette* (ISSN 1196-6513) is published in English and French by the National Communication Services of the Royal Canadian Mounted Police in Ottawa. The views expressed in any material published in the magazine or in its online version are those of the authors and do not necessarily reflect the official opinion of the Royal Canadian Mounted Police.

Cover design and contents are copyrighted and no part of this publication may be reproduced without written consent. Canada Post Publications Mail Agreement 40064068. The *Gazette* is published four (4) times a year and is issued free of charge on a limited basis to accredited police forces and agencies within the criminal justice system. Personal subscriptions are not available.

The *Gazette* welcomes contributions, letters, articles and comments in either official language. We reserve the right to edit for length, content and clarity. © 2015 RCMP.

HOW TO REACH US:

RCMP *Gazette*
73 Leikin Drive,
M8 Building, 1st Floor, Room 801
Ottawa, ON K1A 0R2
CANADA

Phone: 613-843-4570
E-mail: gazette@rcmp-grc.gc.ca
Internet: www.rcmp-grc.gc.ca/gazette

STAY CONNECTED WITH THE RCMP

Visit our website:
www.rcmp-grc.gc.ca

Follow us on Facebook:
www.facebook.com/rcmpgrc

Follow us on Twitter:
@rcmpgrcpolice #rcmpgazette

Watch us on YouTube:
www.youtube.com/rcmpgrcpolice

Subscribe to RSS updates:
www.rcmp-grc.gc.ca/rss/index-eng.htm

CANADIAN POLICE HELP INVESTIGATE CAMBODIA WAR CRIMES

By Amelia Thatcher

Halfway around the world, three Canadian police officers are investigating decades-old war crimes from the Khmer Rouge regime in Cambodia.

"The work we're doing here helps give survivors of the Khmer Rouge regime, and the millions who didn't survive, a voice in the justice process," says RCMP Cpl. Bailey Gilarowski, one of the police officers posted to the Southeast Asian country.

Khmer Rouge ruled from 1975 to 1979, and was found guilty of crimes against humanity, including the deaths of two million Cambodians, by the Extraordinary Chambers in the Courts of Cambodia (ECCC), which was established to prosecute senior leaders of the regime.

Courtesy Cpl. Bailey Gilarowski, RCMP

Cpl. Bailey Gilarowski poses with Cambodian military cadet officers just outside of Phnom Penh.

While it's been more than 30 years since the communist government ruled the region, and nearly 10 years since the courts were established, many of those responsible have not yet been brought to justice.

That's why Gilarowski, along with Ottawa Police Staff Sgt. Isobel Granger and Vancouver Police Det.-Const. Ana Jean Benefield were deployed on a year-long mission through Canada's International Police Peace Operations Program.

The three women are part of a group of international investigators, analysts and legal experts working with the ECCC, a joint Cambodian-United Nations organization.

Since January, they have been based in Cambodia's capital Phnom Penh, visiting villages to record testimonies from victims. Each month, the police officers spend 10 to 14 days in the field interviewing survivors.

"I've heard some very sad and violent stories and yet these people don't give up. They continue to live and work and laugh," says Benefield.

Their interviews will become part of the permanent court record for the investigation and also a part of Cambodia's historical records.

"What the Cambodian people have survived in the past and how hard they're working towards a positive and hopeful future proves their resiliency," says Gilarowski.

In March, Granger helped the ECCC charge one of two suspects for homicide and crimes against humanity. Both cases are still under investigation, and the teams are continuing to build evidence. ▪

PARTNERSHIP HELPS HOMELESS VETERANS FIND SHELTER

By Deidre Seiden

RCMP veterans facing homelessness can now get the help they need thanks to a recent partnership.

Last year, Veterans Affairs Canada (VAC) joined forces with Veterans Emergency Transition Services (VETS) Canada, a not-for-profit organization created to support veterans at risk of becoming homeless or who are homeless.

VETS Canada is made up of volunteers across Canada who provide assistance to at-risk and homeless veterans either in person, online or by telephone to help them transition to a safe and self-sufficient lifestyle.

So when the RCMP identified the need to develop its own strategy to address homelessness among former RCMP members, it also partnered with VETS Canada and VAC to not only help identify military veterans, but also former RCMP members in need of the same assistance.

It was a natural fit for the RCMP, says Sgt. Kim Hendricken, the RCMP liaison to VAC.

"The RCMP has front-line uniformed members who do come in contact with Canada's homeless population," says Hendricken. "They're in a position to provide these veterans and former RCMP members with a referral to VETS Canada to assist them to transition off the streets."

Once referred to VETS Canada, a volunteer remains with the veteran every step of the way, getting them to safety and connecting them with the health care and services they need.

Hendricken hopes to increase awareness about the partnership with VETS Canada among police officers across the country so they pay closer attention to the homeless population and take time to determine if the homeless individual has served in Canada's military or RCMP.

"The RCMP is not immune to having these problems," says Hendricken. "These men and women, both in the military and RCMP, have proudly served Canadians, so I think it's extremely important that we take care of them and offer them the support they require when they're in need." ▪

NEW GROUP ASKS MOTORISTS TO FOCUS AND DRIVE

By Deidre Selden

When RCMP Insp. Chris MacNaughton arrived in Kings County, N.S., two years ago, she was surprised by the number of people she saw driving while distracted.

"It was very noticeable to me that a very high number of cars that went by were driven by people on their cell phones talking," says MacNaughton, the officer in charge of the Kings District detachment.

After a number of fatal motor vehicle collisions involving young people were linked to distracted driving and cell phone use, road safety was identified as a priority in the province. But MacNaughton knew enforcement alone wasn't enough — they needed to educate people on the dangers of distracted driving.

Police hand out posters asking drivers to stop distracted driving at the launch of the Focus and Drive campaign in Kings County, N.S.

She teamed up with Sgt. Andrew Buckle, head of Annapolis Valley Traffic Services in neighbouring Wolfville Detachment, to form the Kings County Distracted Driving Committee.

"It's a community-driven committee that consists of local and national partners and high school students to tackle the issue of distracted driving locally," says Buckle. "Our goal is to try to reduce the amount of serious injury and fatal crashes caused by it."

To do this, the committee developed an action plan and the slogan Focus and Drive.

Local high schools students designed a logo and poster for the initiative as part of a contest. And the winning design was used to make vehicle stickers, key chains and posters that are distributed to drivers, the first of which were given out at a checkpoint as part of the launch earlier this year.

They also have public service announcements running on local radio and they plan to put up road signs across the county.

Since distracted driving is a problem for all age groups, MacNaughton says they've created an interactive educational workshop that's based on the thinking patterns and psychology of each target audience, from high school students to seniors groups. And Kings District RCMP designed and built a distracted driving simulator, which they bring to all presentations.

"And we're just getting started," says MacNaughton." We want each resident of Kings County to say, 'I'm not going to be a distracted driver.' "•

SECURING SOUTHEAST ASIAN BORDERS

By Amelia Thatcher

Some three billion people travel internationally each year and only a third of those are screened through INTERPOL's databases, due to lack of technology in many countries.

But now law enforcement agencies in nine Southeast Asian countries can better secure their borders thanks to a Canadian-backed INTERPOL operation that gives them the skills and tools needed to target terrorists, bolster border security and pursue international fugitives.

Last March's Operation Sunbird was the culmination of more than a year's worth of training given by INTERPOL to police from Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Thailand and Vietnam.

Over the span of a week, security officials published notices for fugitives and screened more than 500,000 passports against INTERPOL databases at air, land and sea border points in those nine countries. This led to the arrest of two international criminals. Sixteen other travellers were flagged for criminal activity.

Cst. Ross Cameron, an investigator with INTERPOL Ottawa and an officer with the Ontario Provincial Police, was one of four Canadians recruited to help with the operation.

Cameron was on the ground for several weeks in Brunei and Singapore, working as a subject matter expert helping train more than 100 local police officers in investigative skills and tools for combating terrorism.

"The idea is that the training we provide cascades out," says Cameron. "Once the operation stops, it's not that the activity stops, it's just that they're out of the nest working on their own."

In operations like this, INTERPOL provides technology to developing countries, including passport readers and connections to INTERPOL databases.

"From an altruistic perspective, we're able to lend support and expertise to these countries to help enhance their policing capacity," says Cameron. "And from a Canadian perspective, we build networks and relationships that increase our visibility in other countries."

Mark Mulligan, an investigative analyst and project manager with INTERPOL Ottawa, provided satellite support to Cameron from Ottawa. He says the skills taught by experts such as Cameron can be applied to many facets of law enforcement around the world.•

Sgt. Liane Vail (left) who developed and led the Road to Mental Readiness pilot project in New Brunswick, outlines the program's mental health colour-coded continuum.

ON THE ROAD TO WELLNESS

RCMP PROGRAM PROMOTES MENTAL HEALTH

By Roxanne Beaubien

They gather to talk about a topic most would rather avoid.

For some, this may be the first time they've talked about it — the impact on themselves, their family, their friends and co-workers, anyone who loves them. The pain, the guilt — maybe even the anger that it's gone so far. For others, it will be the first time they begin to get a sense of the damage it can do to those who are affected.

They and their colleagues are gathered for a four-hour workshop that could change their lives, or change how they view some of those around them. There will be "aha" moments, there may be tears. There will be honesty — and compassion. And maybe, hopefully, understanding.

It's in a nondescript classroom, or a briefing room, or a lunch room, in a Royal Canadian Mounted Police building anywhere in New Brunswick. About two dozen people gather to talk about a subject few are comfortable discussing — mental illness.

It is one of dozens of sessions that have been held by New Brunswick RCMP as part of a two-year pilot of Road to Mental Readiness (R2MR), a program that recently received full endorsement by the RCMP at the national level. It will be rolled out across the country this year as mandatory training for all employees.

"Work-related stress and mental illness are real issues for both sworn and civilian employees and one that we take very seriously," says A/Commr. Gilles Moreau, the force's national mental health champion. "It's important for employees to know that there is no stigma associated with coming forward and acknowledging that something they've experienced on the job, or at home, is affecting their mental health."

Last year, the RCMP announced its five-year mental health strategy, which outlines initiatives to educate, reduce stigma and streamline policies to better identify mental health issues and provide support to those who find themselves struggling due to stress or mental illness.

BUILDING RESILIENCE

The R2MR is intended to raise awareness about mental health and how to maintain mental resilience in a healthy and positive way.

New Brunswick RCMP partnered with the Department of National Defence in 2012 to adapt its R2MR program into a workshop for RCMP employees.

"It focuses on promoting long-term positive mental health outcomes for all employees, with the goal of better preparing us to navigate some of the challenges of a career in law enforcement," says Sgt. Liane Vail, who developed and led the pilot.

At the core of the R2MR is the mental health colour-coded continuum — a scale that outlines the behaviours seen in people at four states of mental wellness:

- Healthy (green) — examples include normal mood fluctuations, good attitude, good performance, physical and social activity;
- Reacting (yellow) — examples include irritability, tiredness, sleeplessness, decreased activity, regular but controlled substance use;
- Injured (orange) — examples include anger, hopelessness, negativity, withdrawal, hard to control substance use;
- Ill (red) — examples include depression, suicidal thoughts, inability to perform duties or concentrate, isolation at home, substance addiction.

SEEING THE SIGNS

The premise is that if employees see themselves or a colleague moving away from green into one of the other stages, there are actions that can be taken to return to healthy.

There are two instructors for each workshop — one is a peer facilitator and the other is a mental health professional, such as a psychologist, psychological nurse or social worker.

Sgt. Scott Sawyer is a peer facilitator at New Brunswick RCMP headquarters in Fredericton, N.B. As someone who has chronic post-traumatic stress disorder (PTSD), he says there is great value in the program.

"I was in the orange and red for several years," he says, using the R2MR colour codes for injured and ill. "If I'd had that type of training before, I may have been able to recognize the signs earlier and prevent a total burn-out, so I think it's pretty important training for everyone."

His "aha" moment was learning about how the brain works in response to stress — either extreme or long-term. Specifically, it was the role of the amygdala, located in the brain's temporal lobes, and its role in the fear, flight or freeze response to traumatic events or highly stressful situations that proved revolutionary for Sawyer.

"When you understand, you can do something about it," he says. "You don't have to just react based on what the amygdala dictates. You learn how stress works, what you can do about it and how to process your thoughts."

And as a manager, he is doing things differently as a result of the new perspective R2MR gave him.

"I take a totally different approach to mental health issues now and I can catch the signs quicker to get people back on the road to recovery faster," he says.

PROTECTIVE COPING

The workshop has four modules: mental health in the RCMP, the stress reaction, resilience skills and resources at work. It teaches participants that:

- stress is a natural body response and can be positive;
- the body's response to high stress is a [illegible] to protect it from danger and occurs without rational thought;
- too much stress for too long can be harmful; and
- the key is to understand and manage stress, not try to prevent it.

Critical in the training is teaching protective coping skills, says Dr. Julie Drolet, a psychologist with the Operational Stress Injury (OSI) Clinic in Fredericton and a R2MR facilitator.

A study she conducted with Dalhousie University and the University of New Brunswick on the prevalence of OSIs and protective factors supports the approach to building resiliency taught in the R2MR.

"I think it really has potential to make a big difference for a lot of RCMP employees," she says. "It teaches how to take control of how you respond to things happening around you."

MAKING A DIFFERENCE

Andi Deeble says she finds the experience very gratifying.

"It shows that you can experience trauma and come through it," she says. "It's a really rewarding experience both professionally and personally because I see people struggling, and then get to watch them learn about the tools to help cope and the help that is offered by the RCMP."

Claire Gibson, a civilian analyst who has been with the RCMP for 15 years, is a peer facilitator. For her, one of the key elements of the program is that not one type of stress is more valid than another.

"Operational stressors, work stressors, or personal life stressors — they are all treated the same," says Gibson.

And she says she sees a change in her colleagues since the program has been introduced in New Brunswick.

"It has normalized the idea of mental health challenges and it attacks the stigma," she says. "It's a good sign that people are starting to have a dialogue about it."

For her, it's the moments when she sees that people are getting it that stand out most.

"They see where they are on the R2MR continuum and know where to seek help if they need it," she says.

ENABLING PEERS WITH PROFESSIONALS

The R2MR will be launched across the country with a series of training sessions for both peer facilitators and mental health specialists. Having both the facilitator and the practitioner is critical, Vail says.

"The peer brings the credibility but the evidence is from the mental health specialists," she says. "The peer can say that this is what happens and the specialist can say that this is why."

Deeble has an outside vantage point of the program and the work the RCMP is doing in the area of mental health. She describes it as a "groundswell" since the launch of the mental health strategy.

"There's been a huge change and shift in addressing mental health issues in the last year and a half," she says, noting that they are seeing more RCMP members at her clinic now, including some on active duty — something many needing help are reluctant to do.

"It's not necessarily that more people are ill," she says. "But a contributing factor could be that more feel like the stigma is lifting and it is okay to need help." ■

RCMP MENTAL HEALTH STRATEGY

In addition to the Road to Mental Readiness program, the strategy includes:

SELF-AWARENESS TOOL
A colour-coded chart listing possible signs and behaviours for various states on the spectrum of mental wellness.

MY MENTAL HEALTH CARE PACKAGE
Information for employees to recognize signs of mental illness and to know when to seek help. It also highlights programs, services and contacts available to deal with mental illness.

NOT MYSELF TODAY PROGRAM
Contains tools and resources that help inform and spark conversation among employees, and support positive change within the workplace.

PEER-TO-PEER CO-ORDINATORS
Provide a useful link between employees and the range of services available to the RCMP.

TOOL KIT FOR MANAGERS
Designed to help employees perform well at work and to take care of themselves.

HOW CAN POLICE AGENCIES HELP THEIR MEMBERS DEAL WITH WORK-RELATED STRESS?

THE PANELLISTS

- Supt. Guy Rouh, North East District Commander and Ontario mental health champion, OPP
- Dr. Patrick Bellisle, Psychological Services Division, Calgary Police Service
- Dr. David Dingley, registered psychologist, Maple Ridge, B.C.
- Assistant Chief of Police Sarah Creighton, Training, Employee Development and Wellness, San Diego Police Department

SUPT. GUY ROUH

"Let's talk about mental health" became the unofficial motto and the first step in the Ontario (RCMP's mental health strategy. Simply talking about mental health at work seemed to be a straightforward and obvious pursuit — so obvious that one has to wonder why it seemed a novel idea.

In Ontario, the RCMP is facing an unusually high number of external security investigations as well as fiscal pressures. These conditions resulted in uncertainty, unpredictability and required secondments of many personnel away from their usual work sites and homes.

This situation led us to believe that we needed to start talking about mental health quickly as a preventative measure for managing the higher level of stress and anxiety many of us were facing.

We set about to deliver face-to-face proactive mental health guidance sessions aimed at informing others about the services, information and tools available related to mental health. We introduced stress management techniques to aid in building resilience and we talked about stigma and its role in preventing members from seeking the assistance we all face personally and professionally.

We delivered 49 sessions to more than 1,400 participants over six months. The feedback we received was generally positive and consistent. But most importantly, it was very enlightening and instructive. We learned that:

1. Front-line supervisors and "buddy" supervisors can present greater challenges and negative impacts to maintaining positive mental health than what our work often entails.
2. People need and want to be much more open and comfortable talking about mental health, but fear stigma and lack of knowledge or experience as preventing this.
3. There is great reluctance to seek help from others or the organization.

[illegible] there are many successful and cost-effective ways of [illegible] but many others are perceived potential adverse consequences.

- We have many effective services and supports we recommend, a quite positive mental health that should be better known about and put to greater use.

Supervisors have to stand up for mental health. The most important word is that one supervisor can do to support employees is to be knowledgeable about mental health, be kind and compassionate, and stand up every time an issue like [illegible] to negative stereotypes about mental health.

The public's access to the police officer is under change and, in the setting in the face of those who use violence and intimidation and to take charge during circumstances which we others more like those service and abuse.

We are required to be strong and we know this is a necessary if survival in the emotionally [illegible] environment into the office. Members of police services — including our support staff personnel — have to maintain up to the highest standards and expectations, while managing competing demands in the workplace.

Real strength, however, is not found in denial or a mask of invulnerability. Real strength lies in having information, counsel and assist about mental health and it comes from and is shared through kindness, care and respect for one another. It is anyone who wishes to be or does not have to appreciated appreciate. Be kind and knowledgeable. Talk about mental health and stand up to stigma.

[illegible]

Today, there is much more recognition and acceptance of the stress associated with policing. Police services across Canada have identified a need to maintain and support the mental health of their members.

When such gives a psychological services program the chance to be effective a change in attitudes and an organizational culture based on positive relationships. When management actively supports to distribute assessing psychological services, when adequate funding is set aside for the programs, and when key leaders within the organization talk openly about how their careers have undergone their families and colleagues to seek help, that a climate a psychological services program will flourish.

The Psychological Services Division (PSD) with the Calgary Police Service (CPS) is fortunate to be supported by many key stakeholders, including the Calgary Police Association, the Alberta Provincial Police Association and Occupational Health[illegible] senior members of the police executive group — along with a diverse cross-section of citizens willing to allow their stories and encourage others to access services.

We are keenly protective of the confidentiality necessary for individuals to feel safe talking their issues and we are very aligned with anyone in a way that might compromise that key ethical principle.

CPS members and their families have access to a range of services and service providers that are familiar with policing and the police environment, which we believe contributes to the usefulness of services.

PSD tries to be able to address the variety of mental well-being services, which range from:

- individual counsellings to couples and family counselling;
- prompt psychiatric consultations to assess those in acute psychiatric phenomena;
- psychological screening to ensure mental health checks for members working in vulnerable areas such as Internet child abuse and long-term undercover operations;
- treatment providers to be determined cost to those in the calendar.

PSD reports directly to the chief of police and has built ways to recognize more than 10 years ago, strong support from successive chiefs, including most recently Rick Hanson and Fred Lynch. While there is no small cost associated with the services, demonstrable savings for CPS come from reduced absenteeism and other health care expenses.

Perhaps more than any other factor of all has given PSD the opportunity to succeed is an environment in which talking about mental health problems no longer carries the stigma it once did. Programs directly challenging negative — such as Bell Let's Talk, a campaign to raise the Mental Health Commission of Canada — have helped to change public attitudes about mental health.

So, identification and willingness to address occupational stress injuries — such as post-traumatic stress disorders — among police services has contributed to a much [illegible] from an attitude that such challenges are simply part of the job, [illegible] are grown each of the Board's Mental Health [illegible] which has been adopted by CPS, has provided tools for individuals to begin conversations about mental health in the workplace.

Twenty years ago, the majority of PSD services were provided to the general well-[illegible] of employees with members referred to a mental health care service following their involvement in traumatic out of [illegible] critical incidents.

Today, clients are members of every member come through the doors of PSD with very triggering that the impact of accessing help has been greatly reduced and many members are comfortable with the services they need to stay healthy.

[illegible]

As a counselling psychologist in private practice, I gratefully work with [illegible] who [illegible] a crisis. A number of the clients have spoken directly about why their employers could have been [illegible] to help them manage work-related stress.

Two core aspects [illegible] a right and the [illegible] first [illegible] [illegible] to [illegible] [illegible] [illegible]

INJECTION RECEIVERS

A MULTI-FACETED APPROACH TO HEALING

By Kristin Hanna

It's tough when you ride a split second to predict the condition you're facing.

Pressure in the knees like you're really concentrated trying to get your momentum at the beginning of a MX race, the ball of their pad ripped to a blister.

The most common concern — the MOST often the reason for an injury — the first responders who deal with the immediate and often, with the continuous condition that continues to reoccur.

While the doctor's for have answered a MX to prevent the effects of the regular [illegible] injuries.

We covered those we offered, the we have had to cancel [illegible] Common damage of fitness concerns to the office for.

Over the last [illegible] the quality following the training, new different concerns have made available to [illegible] Research, coverage is a variety to assist in effects and overall utility.

EVERYDAY HEATING

Training through and the common [illegible] the training to. Pressure, that's the [illegible].

Are we could to how the longer some candidate, medical injuries, an effective from the Time Measurement Department of Public Safety, and also a common of Pressure, the training provided information to how the [illegible] to [illegible] and [illegible] from the MX Fitness Foundation training.

The conditions, we the MX registered for one of the United States' [illegible] Georgia, Medical Center, which is Medical Emergency Medical Services, and Human Injury Administration of the [illegible] Medical Emergency Management Agency [illegible] could be made that [illegible] [illegible] Trigger management [illegible] [illegible] Emergency Medical Technician [illegible].

As the conference, Center, Georgia [illegible] a number of [illegible] different [illegible] Human [illegible] Emergency Medical Technician [illegible] Why, this, which, under, the, the, the

Cpl. Michelle Bower and Service dog Nova graduate from Dogs Close Protection Unit class of 2021 (Photo: Courtesy of Canine Companions for Independence)

COURAGEOUS COMPANIONS

SERVICE DOGS HELP POLICE COPE WITH PTSD

By Brenda Thatcher

Cpl. Cst. Michelle Bower's dog goes with her everywhere. The chihuahua-cross named Nova sports an orange working dog vest, letting people know she's a little different.

While it may not be obvious at first glance, Bower suffers from post-traumatic stress disorder (PTSD) and Nova helps her cope. Bower worked as a general duty police officer with the RCMP in Manitoba for 15 years before the symptoms developed.

"I just dealt with it. And the years of dealing with it slowly took its toll on me," she says.

Bower is among 15 RCMP officers and one Ontario Provincial Police officer to receive a trained PTSD service dog from Courageous Companions. Four years ago, the Manitoba-based service dog provider expanded their client base to include not only military members, but also police and first responders. And lately, the highest demand for the dogs has been from the RCMP.

"As a first responder and police officer, you see so much violence and death," says George Leonard, founder of Courageous Companions and Even Nations fund, constable in Manitoba. "People don't realize how the accumulation of small traumatic incidents add up."

Since its inception in 2005, Courageous Companions has donated 147 dogs to veterans and first responders across the country. And Leonard has another 75 to 100 dogs in training.

GROOMING A SERVICE DOG

Cpl. Chris Colmes has been a dog handler with the RCMP for 18 years, serving in British Columbia, Newfoundland, Saskatchewan and now in Innisfail, Alta., at the Police Dog Training Centre.

He volunteers what little spare time he has going to local shelters in his hometown of Vernon, Sask., to find dogs for Courageous Companions. Two years ago, he started a pilot project involving the Society for the Prevention of Cruelty to Animals, local high school students and a few veterinarians to help source dogs for the organization.

"I do a lot of the initial work, finding and pre-training dogs before they enter the formal training program with Leonard," says Colmes.

He goes to local shelters and selects dogs that he thinks may be a good fit for the program — those with composure, personality and social behaviour. From there, he recruits high school students to take the dogs out and see how they react in public settings. Those that pass the test get checked out by local vets and then dropped out to Leonard for official training.

Colmes puts a total of 30 to 50 hours into each dog before starting formal service dog training.

Dog handling is a passion for Colmes, especially when he is able to help out.

"I would do anything to find a dog for someone," he says. "It can make such a huge difference. It can be a lifesaver for certain people."

A HELPING PAW

But not all of the trained dogs come from local shelters. Sometimes, officers come to Leonard with their own dogs, looking to have them trained for PTSD service.

This was the route that Bower took. She adopted Nova following a breakdown in 2002. After being diagnosed with PTSD,

Peters fell into a downward spiral, avoiding people and confining herself to her home.

"When I came to realize that these four walls were going to be my life if I didn't do something about it, I reached out to Courageous Companions," says Peters.

After Nova passed the initial tests, she was enrolled into formal training to help Peters cope with her PTSD. Nova is on track to graduate from her training next year.

"Now I can go out and do things like groceries. I went from being a semi-recluse to going out almost every day," says Peters.

Like Peters, RCMP Cst. Annabelle Dionne went through a similar process with her dog Otto. Following the murder of a colleague, she adopted Otto from a local shelter to help her cope. Once she heard about Courageous Companions, Dionne enrolled her American Eskimo-cross into the training program.

Since then, Otto has become a certified service dog for Dionne, helping her deal with the effects of PTSD at home, in public and at work. She is the first RCMP member at national headquarters in Ottawa to bring her service dog to work.

Dionne admits that PTSD is still a taboo subject among many police organizations, but she believes that as more people share their stories, the stigma will diminish.

"It puts a face on an invisible injury because people can't see depression, anxiety or PTSD," says Dionne. "People come to me and share their own journey and issues — it opens up the discussion so others don't feel so alone."

Dionne says she thinks it's especially important for organizations such as Courageous Companions to open up services to police and first responders, rather than focusing solely on veterans.

But she also says it's up to officers themselves to seek the service.

"We have a responsibility and accountability as police officers to get help when we need it," says Dionne.

RAISING A NATIONAL STANDARD

In Canada, Courageous Companions is leading the way for service dog organizations.

"We made the PTSD program, we developed it, we advocated it," says Leonard, who has been lobbying the government to set up a national standard for training service dogs. He maintains a standard is necessary to ensure quality control of service dogs.

According to Lohnes, there's a lack of credible organizations giving service dogs with legitimate certifications.

"Having dogs without proper training, it's right and day," says Lohnes. "Courageous Companions sets a hard standard, but it has to be hard. Obedience training and service dog training are very different."

A properly trained service dog can cost upwards of $20,000. That includes the cost of veterinary bills, a kennel, an official dog vest and 18 months of training. Courageous Companions absorbs all of these costs, supplying dogs to veterans and first responders for free. The organization is supported by a number of sources, including private donors, veterans' clubs, the Royal Canadian Legion and Wounded Warriors Canada, a non-profit organization that helps injured Canadian Armed Forces members, veterans and their families.

Leonard says he believes programs like his will be endorsed by the military and RCMP one day.

PAIRING PARTNERS

Even though he doesn't suffer from PTSD himself, Lohnes says he has witnessed how debilitating the disorder can be.

"When someone stops functioning and you watch that, and then you see them transform after they get a dog — their quality of life goes way up," he says.

Since the effects of PTSD vary from person to person, dogs are trained with their new owners to make sure they are compatible. Pairing people personalities with similar dog personalities is crucial, say Lohnes and Leonard.

"The thing with PTSD is every case is not the same. Everyone's a little different. Your Afghanistan veteran is different from your Bosnian veteran. Your policeman is different than your fireman. Your female is different from your male," says Leonard. "We train a lot of one-of-a-kind dogs."

Dogs can be trained to carry out three or four tasks to offset and mitigate a person's disability. Depending on what a person needs, dogs can be taught to interrupt, distract and calm their owners during periods of anxiety, tension or heightened awareness. They are also able to wake them out of nightmares, among other symptom-specific responses.

"We know some people that have been on 30 to 35 meds that are down to two or three," says Leonard. "We know some people never left their house for six months, and they're now volunteering."

Peters' dog Nova is trained to help her cope with anxiety and depression. Oftentimes, the dog senses a shift in her mood before she even knows what's going on.

"She wraps herself between my legs, she tries to gain my attention, and I get mad at her but then realize, 'oh, you're just doing your job'," she says.

Peters retired after serving 28 years with the RCMP. And she says Nova continues to have an impact.

"The change she's had in my life, I don't have words to describe it. It's nothing short of a miracle. I am on the road to recovery and I can credit that to my dog," says Peters. "Everyone that deals with traumatic events — military, police, paramedics, firefighters — should have the opportunity to have this service." •

Courtesy Courageous Companions, Ottawa

RCMP SUBMISSION

FAR FROM HOME

SUPPORTING PSYCHOLOGICAL HEALTH OF POLICE ON MISSION

By Dr. Sylvie Bourgeois, Dr. Paul Munson and Céline Paris, International Health Protection and Wellness, RCMP International Liaison and Deployment Centre

The job of police officers in Canada is stressful and risky enough. But when they are deployed overseas for a year to failed and fragile states to assist with policing development, far from the comforts of home and family, police officers must learn to cope both with different risks to personal health and safety, as well as with elements of hardship associated with working and living conditions.

Sources of stress may arise from a single critical event or can accumulate over time in mission. The impact on personal health, family dynamics and work reintegration after returning home from a one-year mission can range from minimal impact to significant changes.

PSYCHOLOGICAL SERVICES GUIDED BY STUDY

The International Health Protection and Wellness team of the RCMP's International Liaison and Deployment Centre (ILDC) has the responsibility to mitigate physical and psychological health risks across the deployment cycle.

The ILDC psychologists conducted a study in 2014 to better understand the factors that influence resiliency in mission and the predictors of successful psychological outcomes post-mission.

The ultimate goal of this study is to use the findings to improve the effectiveness of the processes in the selection and preparation phase of pre-mission, the quality and type of support offered to police officers and their families during mission, and the support in the reintegration phase.

This study involved more than 500 police officers from the RCMP and partner municipal and provincial police services who served in international peace operation missions between 2007 and 2014.

The study examined the relationship among:

- sources of stress pre-mission;
- stress and ability to cope during mission; and
- a variety of factors linked to health and wellbeing after mission, including personal and family relationships.

The results confirmed the importance of comprehensively assessing psychological health as part of the selection process for high-risk duties such as peace operation missions.

More precisely, according to the survey results, candidates who are experiencing significant stress at work or at home before a mission are more likely to have trouble dealing with the additional stressors they face in mission.

While it is only one factor that may affect a candidate's suitability for mission, pre-departure work and family stress is carefully considered during the pre-mission psychological assessments because of its known relationship with the ability to cope in mission.

The study also found that personal resilience — an individual's natural ability to bounce back from adversity and take challenges in stride — is a stronger predictor of good post-mission adjustment than exposure to the mission risks/hardships themselves.

In other words, if we want to decrease the likelihood of post-mission health and adjustment issues, we need to not only select police officers who are suitable for mission. We also must prepare them to be resilient.

PRE-MISSION PSYCHOLOGICAL TRAINING

Pre-deployment psychological training at RCMP headquarters in Ottawa educates about stress and emotional reactivity, teaches applied stress management strategies, and addresses the stigma from seeking help for psychological distress.

This training teaches police officers to view psychological health as a continuum that goes from healthy to reactive to symptomatic to ill — versus a black-and-white labeling of emotional health as fine or

A study found that allowing police officers posted to Afghanistan to spend a short period of time at another location before returning home helped alleviate some mission-related stress.

Corporal Chantal Gauthier

problematic.

Each psychological state is associated with various coping strategies depending on the severity or impact of the reactions. The core message is that anyone has the ability to be resilient and bounce back from personal and operational challenges.

The study results showed that many who go in mission experience periods when they feel highly stressed or down, despite being able to maintain effectiveness in their role in mission.

The study also found that police turn first to peers in mission when feeling pressured and demoralized. This confirmation is encouraging, as ILDC's approach to in-mission support has a strong peer-to-peer focus. Over the past two years, ILDC psychologists have been developing a two-tiered program to enhance this natural support network.

During the pre-mission psychological session, every member of the departing contingent is trained in basic peer support, based on principles of 'I've got your back.' Volunteers are then sought for each contingent to serve as designated mission peer supports.

These volunteers are given individual training in more advanced strategies and are offered support and guidance by an ILDC psychologist via Skype, email or phone as needed.

Because they are embedded with their cohort, it is hopefully easier for people to reach out to them.

TARGETED POST-MISSION SUPPORT

ILDC promotes good mental health following mission by easing the transition back to home from missions, conducting psychological assessments post-mission and providing education on reintegration.

To illustrate, the ILDC introduced a third-location decompression (TLD) program in 2009 during the 2005-2014 mission to Afghanistan, where Canadian police contributed to training and advising nearly 23,000 members of the Afghan National Police.

The TLD allowed those posted to Afghanistan to spend a short period of time in another location — in this case, Bad Homburg, Germany — before returning home. Because the mission was characterized by a high operational tempo, this TLD was structured as a step-down process to allow some stress reduction and aid the mission mindset to subside.

The results of the 2014 study suggest that the TLD program was useful in increasing self-awareness and promoting early help-seeking. Specifically, the Afghanistan returnees reported experiencing slightly more psychological reactivity — such as fatigue, irritability and hypervigilance — than others in the weeks following their return home. Yet interestingly, their long-term off-duty sick rates were lower than participants of other missions.

This would suggest that the Afghanistan contingents were indeed more reactive early on, but they also reported greater early psychological assistance and ultimately, very little long-term sick leave.

The study also confirmed that family and work readjustment post-mission takes time. One to three months is a typical time frame for successful reintegration. Therefore, education to police officers and their families on common readjustment issues is a key.

In fact, the ILDC has recently developed a reintegration guide to familiarize police, their partners and other family members with the challenges that may arise in the reintegration and post-mission phase, including helpful strategies to address the issues.

In short, the ILDC's International Health Protection and Wellness team strives to support the psychological health of police officers and the wellness of their families across the deployment cycle. Its approach is evidence-based, with the goal of enhancing their service delivery in a targeted way by doing the right thing at the right time for the right clients. ■

STUDY RESULTS

Of the more than 500 police officers surveyed from the RCMP and partner municipal and provincial police services who served in international peace operation missions between 2007 and 2014:

- 91 per cent of mission participants were exposed to human misery and degradation on a large scale.
- 42 per cent were exposed to human hardship due to natural disaster.
- 85 per cent were exposed to the threat of attack at least once.
- 15 per cent experienced the serious injury or loss of a friend, colleague or co-worker in mission.
- 34 per cent indicated that living conditions were a cause of moderate or great hardship.
- 37 per cent indicated that working conditions were a cause of moderate or great hardship.
- 49 per cent had to deal with a stressful situation from home while in mission.
- 68 per cent said that family issues had settled by four weeks post-mission — that ratio increases to 92 per cent after 12 weeks.
- 50 per cent reported having readjusted to work life by five weeks post-mission — that ratio increases to 78 per cent at 12 weeks.

Despite the stress they experienced in mission, most respondents indicated they were able to cope and maintain a sense of control while abroad. This may speak to the selection and preparation of resilient candidates.

The RCMP manages the deployment of Canadian police to international peace operations missions, which includes members of the force as well as 26 municipal and provincial police services. Since 1989, approximately 3,800 police officers have served in 66 missions in 33 countries around the world. Currently, around 100 police officers are serving on missions in Cambodia, Haiti, Ukraine and the West Bank.

Dr. Sylvie Bourgeois is a registered psychologist and the head of the RCMP's International Health Protection and Wellness (IHPW) unit. She leads numerous occupational health initiatives for police officers in high-risk duties.

Dr. Paul Munson is a registered psychologist and has worked with Canadian Forces Health Services as national practice leader for psychology. He provides consultation services to the IHPW.

Céline Paris is a registered psychologist who has worked with Canadian Forces Health Services. She is in private practice and provides consultation services to the IHPW.

RCMP

More than 300 RCMP officers in Saskatchewan completed a survey last year that will offer Dr. Nicholas Carleton and his team of researchers a preliminary snapshot of current mental health and resilience in the force.

BEACON OF HOPE

RESEARCH AIMS TO ENHANCE RCMP MENTAL HEALTH CARE

By Dr. Nicholas Carleton, department of psychology, University of Regina

The RCMP is the world's most recognized police force — the image of a stoic officer in red serge bracing against a Canadian winter, an unbending beacon of hope against darkness, is globally iconic. Canadian pride in Mounties is well-deserved and prolific, but what of the people behind the icon?

Something that becomes obvious very early in clinical work with RCMP officers is the tremendous humanity behind the serge. That humanity is too easily overlooked when we focus on one of our most cherished icons. When we try to reconcile that humanity with the icon, we encounter many challenges, perhaps none more intense than the pervasive stigma associated with mental health.

Canadians need the RCMP to stand fast in the face of tremendous stress, while simultaneously showcasing very human qualities such as professionalism, compassion and respect.

However, being this Canadian icon is a tall order. The fact that so many officers meet that expectation so often makes it easy to believe, in error, that the human in the serge is unaffected as they stand against decades of traumatic stress.

Nearly a century ago, researchers working with the military began trying to understand the impact of stress on a soldier's mental health. At the start of the First World War, the general consensus was that physical health issues were real and mental health issues were not, unless there was a readily apparent physical ailment, such as damage to the brain. As such, the vast bulk of mental health symptoms were instead considered the result of character flaws.

The First World War brought with it an unprecedented number of causalities and historic numbers of people reporting significant mental health symptoms following traumatic stressors. The highly publicized and initial response from military commanders at the time was to blame the soldiers for the symptoms — with one commander going as far as to refer to them as a "manifestation of childishness and femininity" or "cowardice."

The culture at the time was quick to accept these explanations, supported by civilians with insufficient perspective on the realities of war. Efforts were made, to no avail, to create tools for discriminating between malingering and real mental health problems. Many treatments were attempted, also meeting with limited success.

By the Second World War, any gains made regarding post-traumatic stress and mental health had largely been forgotten or dismissed. However, researchers were faster to engage with symptoms, seeking patterns and solutions.

Despite ongoing focus on identifying malingering and cowardice, one reliable pattern emerged: 100 per cent of soldiers would become symptomatic after 240 days of combat exposure. It still took more than three decades before post-traumatic stress disorder (PTSD) became an accepted diagnosis and two more decades before other symptoms — such as depression or substance abuse, among others — would be associated with traumatic exposure. Ongoing disputes remain regarding which experiences would be sufficient to accept that a person could have the diagnosis.

In December 2012, some 70 years after researchers discovered that 240 days of traumatic exposure was too long, Alberta became the first province to grant first responders, who often endure 25 years of stress or more, the right to claim PTSD as a presumptive injury in the context of their employment. Manitoba has recently begun the same process.

Recognizing the impact of stressors on mental health for RCMP members has been a long time coming. Unfortunately, the recent recognition had been hindered by stigma, limited access to effective and credentialed care and inadequate research attention to improving mental health.

Despite this, researchers have remained dedicated to better understanding the complex interactions between stress, risk variables, resiliency variables, coping and mental health. While the majority of the available research has focused on military and civilian populations, I would argue that using data from military and civilian populations is insufficient to understand stress and mental health in the RCMP.

The RCMP faces a set of unique challenges, growing in complexity, with politicians and the public demanding ever more from the world's best and most recognized police force.

For example, unlike many military personnel, RCMP officers are posted here at home, where they also live and play, which blurs the line between safe and threatening zones. The people that threaten RCMP members and the public are also the civilians they are sworn to protect. Someone who is safe one day may not be safe the next. Nevertheless, an officer must both protect and serve, because all too often they themselves are the line between danger and safety.

RCMP members are also deployed significantly longer — for often more than 25 years — than many military personnel. Military personnel and municipal police typically benefit from substantial support as part of large teams, whereas RCMP officers often work in much smaller groups, especially in remote areas.

In addition, the RCMP is increasingly being deployed outside of Canada — like the military — to fulfil international policing roles. As such, the RCMP deserves dedicated research to support the mental health of its members.

My team of researchers and I at the University of Regina have begun such research, including studying post-traumatic stress and post-traumatic growth in RCMP officers. Factors such as optimism and a broad support network are suspected to protect an officer against the negative consequences of trauma, whereas factors such as childhood adversity or work disengagement may put an officer more at risk.

More than 300 RCMP officers in Saskatchewan completed a survey in fall 2014 and the resulting data will offer a preliminary snapshot of current mental health and resilience in the force. But a snapshot is only a start. Research that begins before a cadet starts training and then follows that cadet through his or her career is urgently needed for researchers to truly understand critical elements for mental health.

In several recent public lectures, most notably in a testimony to the House of Commons Standing Committee on Health, I have underscored the significant commitment of first responder leadership — particularly RCMP leadership — to reducing stigma and improving mental health through evidence-based research, interventions and prevention.

Available research evidence, support from senior leadership and calls for change from members have all come together, allowing us to take action in support of RCMP mental health.

But why are we acting now and not before? Acting before may have been impossible. There has been a broad cultural shift towards recognizing the importance and value of mental health. There has been a recent convergence of cross-sectional snapshot research into risk and resiliency variables for the development of stress-related injuries, along with preliminary long-term evidence.

We can now communicate instantly across vast distances with advanced technologies. There is the pending release of new technology for continuous physiological measurement. We now have the critical scientific resources available to the RCMP, which are geographically associated with Depot through the University of Regina. Lastly, the first responder community and their families, politicians and the public are all looking for national leadership in this area. Accordingly, the RCMP will take this new opportunity to lead and innovate in mental health.

As such, I am leading a multi-university, multi-expert group of internationally recognized leaders who are collaborating with RCMP senior leadership to conduct a transformative research project into mental health care for its members. Current mental health care systems are reactive, with help coming after the injury has been sustained — often too long after. That health-care model is economically unsustainable and morally insufficient.

The planned project will use available research evidence to make imminent improvements, collect never-before available data, and design a better system for supporting mental health care. It will be proactive instead of reactive, reduce risk, increase resiliency and reduce stigma.

The project will also use recent advances to enhance care by integrating evidence-based practice first into the RCMP Cadet Training Program and then throughout the membership. The project should improve the quality of life for members and their families, and ultimately save millions in annual economic costs.

The planned national project will be highly visible. It will inform policies and programming by turning the aspirational standards from the Mental Health Commission of Canada into actionable and measurable improvements — first for the RCMP, then for all first responders, and ultimately for all Canadians. As they have done so often before, the RCMP will again stand as a beacon of hope, this time for mental health, supported by many of our best and brightest researchers. ■

Dr. Nicholas Carleton is a professor in the psychology department at the University of Regina and has been working with trauma and stress responses for the past 15 years. He began clinical work with military and paramilitary officers, including RCMP officers, in 2010.

Recent research has shown that trauma-related symptoms in response to critical events are higher among police communicators than in officers and other civilians.

CALLING FOR HELP

HOW STRESS AND EMOTIONS AFFECT POLICE COMMUNICATORS

By Arija Birze and Dr. Cheryl Regehr, University of Toronto, and Dr. Vicki LeBlanc, University of Ottawa

There is an important body of research focused on stress and trauma in police officers and other emergency service first responders.

However, despite the fact that a police communicator — more commonly known by the North American public as a police dispatcher or 911 operator — is likely involved in the vast majority of events that contribute to stress and trauma in the emergency services, the trauma they experience has been largely overlooked in the stress and emotion research with first responders.

As part of their regular working shift, communicators experience many occupational stressors that are similar to those of other emergency responders. In addition, they are subject to other stressors related to their specific work environment.

For instance, a cramped workspace, restricted ability to move from their workstations, regulated washroom and other breaks and, at busier times, a rapid succession of calls with little opportunity for disengaging, suggest constrained physical conditions. Technological aspects of their work may also lead to feelings of isolation.

The lack of physical presence at scenes without systematic feedback on the outcome of calls may prevent closure and create a sense of powerlessness for communicators. Concentrated organizational oversight in the form of guidelines for appropriate behaviour, the potential for legal and public scrutiny, and the routine recording and logging of performance may add layers to the occupational stressors that communicators experience.

Perhaps not surprisingly, emotions in the workplace are commonly set aside in favour of rational ways of being. Anecdotally, communicators consistently characterize their work as a process of removing emotion from the situation.

They work to gain control of the call, calm the callers and retrieve the pertinent information in spite of any emotional subject matter. This is common to many emergency service contexts which call for emotional neutrality or detached concern.

However, police communications is an inherently emotional profession. The research of Tracey and Tracey (1998) identified that communicators are routinely required to simultaneously manage their own emo-

tions while evaluating and managing the emotions of callers and their co-workers. Much of the work communicators do and many of the decisions they make are infused with and shaped by emotion and emotional interactions with others.

This type of emotional work, referred to by Hochschild (2003) as "the managed heart," often remains invisible in the eyes of organizations, management and the public. It is regularly ignored, taken for granted and rarely regarded as a significant source of on-the-job distress by employers.

IMPACT OF COMMUNICATIONS WORK

Several studies have demonstrated that people in professions that require higher levels of emotion work report higher levels of stress, depression, anxiety, emotional exhaustion, burnout and ill health.

The intense emotional effects and persistent social interactions of communications work may leave communicators at increased risk for negative physical and mental health outcomes.

Recent research such as that by Pierce and Lilly (2012) has shown that trauma-related symptoms in response to critical events are higher among communicators than in officers and other civilians.

Our research group conducted a simulation study that aimed to look at the relationships between various manifestations of distress — such as psychological distress, physiological stress as measured by cortisol, the stress hormone — and subjective experiences of stress and other factors that influence the ability to manage during critical events — such as coping strategies, social supports, and locus of control, otherwise known as a sense of personal control (Regehr, et al, 2013).

We recruited 113 Canadian police communicators from both urban and rural communications centres, who were employed by both municipal and provincial police services on both a full-time and part-time contract basis. Of those, 87 per cent were women, 59 per cent were married and 81 per cent had some college or university education.

We found that 31 per cent of participants had symptoms of traumatic stress that met a conservative diagnostic cut-off for post-traumatic stress disorder (PTSD). This rate is considerably greater than that of female and male officers and the general population.

The longer employees had been on the job, the more symptoms of trauma they reported. Fifteen per cent of the sample reported mild to moderate depression but levels of anxiety were low compared to the general public.

Cortisol — or stress hormone — levels were similar to levels found in other high-stress jobs such as emergency department nurses and experienced paramedics but were correlated to other measures of distress.

The lasting effects of acutely stressful incidents make the relationship between cortisol and momentary subjective experiences of stress difficult to map out in what can be a repeatedly stressful environment.

An internal locus of control — or a sense of personal control — over what goes on in the world around us has been shown to be protective when dealing with stressful situations. Those who are able to maintain a sense of control in traumatic circumstances are more effective at coping with those experiences. Communicators who reported a higher sense of personal control also reported lower levels of anxiety and depression.

Participants also reported high levels of social support compared to other occupational groups and the general public.

While social support is generally found to reduce stress and trauma symptoms (Regehr, 2009), some recent research by Farnsworth and Sewell (2011) suggests that fear of emotion — the idea that intense emotional experiences will end in a loss of self-control — is a stronger predictor of PTSD than lack of social support.

CONCLUSION

The influence of emotions on work is complex. On one hand, emotion may be related to the most rewarding or positive aspects of emergency service work. That is, the work can be experienced as exciting, interesting and fulfilling.

On the other hand, emotion can be disruptive both for the individual and in interactions with the public and colleagues (LeBlanc, et al. 2011; Regehr et al., 2009). As the first point of contact, communicators' exposure to traumatic circumstances is direct and has real immediate, long-term and far-reaching consequences. At a personal level, emotional work takes a toll physiologically, psychologically and relationally.

Healthy organizations can create a climate that both recognizes emotion-related efforts as a valued skill of emergency service work and assists workers in using emotions effectively for the benefit of the public, others in the organization, and themselves.

Avijit Bitar is a PhD student at the University of Toronto's Dalla Lana School of Public Health and a recipient of the Wilson Centre's Cuccia Fellowship.

Dr. Cheryl Regehr is vice-president and provost of the University of Toronto and a professor at its Factor-Inwentash Faculty of Social Work & Institute for Medical Sciences.

Dr. Vicki LeBlanc is chair of and associate professor at the University of Ottawa's Department of Innovation in Medical Education.

References

Hochschild, W. (2003). The managed heart: The recognition of emotional labour in public service work. *Nurse Education Today*, 2013, 33 (1): p. 5-7.

Pierce, H. and M Lilly. Duty-related trauma exposure in 911 telecommunicators: Considering the risk for posttraumatic stress. *Journal of Traumatic Stress*, 2012, 25 (2): p. 211-215.

LeBlanc, V. et al., The association between posttraumatic stress, coping, and acute stress responses in paramedics. *Traumatology*, 2011, 17 (4): p. 10.

Regehr, C. (2009). Social support as a mediator of psychological distress in firefighters. *Irish Journal of Psychology*, 30 (1): 85-96.

Regehr, C. et al. (2009). Acute stress and performance in police recruits. *Stress and Health*, 24(3): 295-303.

Regehr, C., et al. Predictors of physiological stress and psychological distress in police communicators. *Police Practice and Research*, 2013, 14 (6): p. 451-463.

Tracy, S.J. and K. Tracy. Emotion labor at 911: A case study and theoretical critique. *Journal of Applied Communication Research*, 1998, 26 (4): p. 390-411.

TALKING THROUGH THE PAIN

TEXAS POLICE OFFICER SHARES STORY OF PTSD AND RECOVERY

After being shot in the face and chest, Stafford Police Department officer Ana Carrizales pursued three suspects as they fled a motel near Houston, Texas. Risking her own personal safety, she was able to bring the suspects to justice and live to tell about it. Amelia Boatcher spoke to Carrizales, who is also a former U.S. marine and national boxing champion, about her journey of recovery.

WHAT HAPPENED ON OCT. 24, 2015?

Every day in law enforcement is a stressful day. On that particular shift, I witnessed a traffic stop on a car that had three Hispanic males in it. Those men had ties to MS-13, which is a very violent gang affiliated with the Mexican mafia. When I pulled them over I could really feel like something was not right. It was extra quiet. It was extra hard to breathe. All the signs were there. And their response to me was a violent one. I ended up taking a shot to my face and chest from one of the passengers in the car.

WHAT WERE YOU THINKING IN THE MOMENT?

In the moment, the mind skips a little bit. It's like an electric shock. When I took the shot to the face there was a loud ringing in my ear. I felt the pain and the force of the shot. It felt like a really hard punch. I come from a boxing background, so I am familiar with getting hit in the face — just not with bullets. My head flies back and I'm thinking, 'it's happening … it's happened.' I've always prepared myself for this. It's right up there as one of the crazy nightmare dreams every cop has.

WHY DID YOU PURSUE THE SUSPECTS?

I was very angry. I was angry that they would come into Stafford, Texas and torture this gun battle with me in the middle of this small trailer home park. I thought, 'there's no way you're gonna come in here and disrespect me and create havoc and just drive away and potentially kill somebody else.' It wasn't going to happen. I did a self assessment and I felt that physically I could pursue them. I'm sworn to protect and that's what I needed to do.

HOW DID THIS AFFECT YOU PHYSICALLY, MENTALLY AND EMOTIONALLY?

The easiest part of this whole ordeal has been talking that shot to the face and chest. Physically, I have gone through several surgeries, a mastectomy, reconstruction and I lost half of my left eardrum. There was a whole lot of pain with the surgeries and that caused me a lot of anxiety. And several months after the incident I had the first of many serious panic attacks. I actually thought I was having a heart attack or dying. I thought I knew a thing or two about post-traumatic stress disorder (PTSD), but I really didn't know enough. It wasn't until I started to do the research and get the help I needed that I got better physically and emotionally.

HOW DID YOU COPE?

My dog never left my side, he just absorbed every tear and cry and scream. It's the same with my children and my husband. It shook our family to the core. The turning point was realizing I'm not going to quit. I'm going to stand up and take this hell by the horns and we're going to vanish until I am better and I am. And I'm going to get knocked around and cry and bleed, but I won't be defeated.

HOW DID YOUR POLICE AGENCY AND PEERS REACT?

Sometimes administrators forget that the injuries and the wounds go far deeper than the physical. When a hero so close to home — when it's one of your own — you don't know what to say, you don't know what to do. The reality is, officers going through something like I was going through are not going to call you when they need help. We're not wired to reach out and ask for help, we're wired to be the helper and protector. Silence is so loud in a time like that. Never stop trying to reach out. They may turn you down 10 times before the one time you call and they

say, "I haven't been so good today."

HOW DID YOU RECOVER?

I felt like I was in a place to fight so that's what I started doing. I started seeing a psychiatrist and I started seeing through the things I was afraid to see through. I worked it like a freelancer. I did the research and learned that what was happening to me was a completely normal reaction to an abnormal event. Once I understood how PTSD works and how we store trauma, it wasn't so scary anymore. When I was going through all this, I would talk to anyone that would listen to me because I felt like not enough people knew about PTSD. It's a taboo subject and we're always told not to talk about it. Well, I wasn't going to do that. I talked about it and then I was being asked to speak and then my story. Unbeknownst to me, what I was doing was healing myself. I started to share my story with cops around the world. That's how I headed walking down the healing.

DID YOUR BOXING SKILLS HELP YOU COPE?

In stressful situations, you revert back to what you know. I drew so much from my boxing background that it blew me away. When I got shot in the face it felt like a punch. Physically, one's first reaction might be to cover their face or close their eyes or run. Mine was to keep my eyes on the enemy much like boxing. Psychologically, the competitive spirit and the warrior ethos of I have but I will fight through that part. Definitely had a hand in my recovery. But you don't have to have been a champion boxer or competitive athlete or a U.S. marine to react in the way that I did.

SHOULD YOU HAVE DONE ANYTHING DIFFERENTLY?

There was nothing I would have done differently in terms of how I confronted the trap and how I reacted to the threat. Sometimes you can do everything right and things will still go south. I don't second guess, even in moments when I am weak and down. I had to realize that I'm not superwoman. I'm a real live person who does some pretty amazing things in my line of work. I think I did the best that I could. I think I had to let myself mourn because I was losing a piece of who I was before. If I had not allowed myself to go through things the way that I did, I probably would not be where I am now. And I'm happy with where I am now.

Video from one of the Seattle police officers' car was released April 2014 showing the moment Officer Matthew Hoffman was shot in the face while investigating.

Los Angeles officials surround Kyle Navarro de Cogan, an undocumented immigrant.

HOW ARE YOU COPING NOW?

I did not come out of this unhurt mentally. I did not come out of it without my fair share of scars and bruises. I still have bad days. I still have those times when I don't want to be around people. I don't want to give the impression of 'now the guy came out of this and she's great, she's good!' I am good but it's left its mark on me. I've recognized the mark. I've learned to process it and get better. I've come to the point where I've accepted that I will never be the Amy Marie I previously was before I was shot. And that used to break my heart a lot. But it doesn't anymore. I am proud of who I am now.

WHAT WOULD YOU TELL OTHER OFFICERS WOUNDED IN THE LINE OF DUTY?

You can get shot in the face. You can get shot in the chest. And you can still win. You can survive it not only in the moment, but in the aftermath. Because it's going to shatter your life. It's okay to feel vulnerable, scared and broken. You're going to want to quit. But you can put the pieces back together and it will build stronger than it did in the first place. You can survive this if you take the time and put in the work.■

COMING IN FROM THE COLD

COPING AND MUTUAL SUPPORT IN NORTHERN CANADA

By Cst. Dwayne Hanley, Revelstoke RCMP

just FACTS

[illegible]

THE MISSING LINK

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

LATEST RESEARCH IN LAW ENFORCEMENT

The following are excerpts from recent research related to justice and law enforcement and reflect the views and opinions of the authors and not necessarily those of the organizations for which they work.

Compiled by Jennifer Poudrier

THE 'A-ROADS' CRIME PREVENTION PROGRAM (A-ROADS)

Introduction

The 'A-Roads' Crime Prevention Project ('A-Roads') provided prevention and intervention services for Aboriginal children and youth aged six to 18 years and at risk of becoming involved in gang activity in The Pas, Manitoba.

'A-Roads' was funded by Public Safety Canada between September 2009 and August 2011 and was implemented by The Pas Family Resource Centre with support from community partners.

Goal and objectives

The objectives of the project were to:

- prevent at-risk children and youth from becoming involved with gangs;
- reduce risk-taking behaviours amongst participating children and youth; and
- create a sustainable network to share resources and knowledge and address gang prevention and intervention.

Participants

The project reached more than 500 children and youth but focused its core activities on 50 of those at the highest risk. The participants were identified through referrals, outreach activities, public relations activities, incentives to involve the youth, and contact with parents.

It was anticipated that youth aged 13 to 18 would be the highest risk, but in fact the highest number of participants identified by referrals were between six and 11 years of age.

Case assessment of the program

A detailed assessment of each person in the project was undertaken and individual case management plans were developed. These plans integrated activities and interventions to reduce risk and build on protective factors specific to each participant's situation.

Case management drew on resources from law enforcement (youth justice, schools, families and the 'A-Roads' project staff). A case management team worked to ensure coordination, integration and access to services.

Monthly plan reviews and re-assessments were conducted and quarterly case management meetings were held with providers connected to the participants.

The activities for participants focused on five main elements: sports and fitness; the arts; character and leadership development; health and life skills; and education.

Intervention activities for youth in need included, but were not limited to, substance abuse treatment, life skills training and educational support.

All activities were informed by diverse cultures.

Findings

The majority of the participants reached from the community was more concerned about and the project sought to reach. The high levels of risk and needs of the children and youth required more intensive interventions than anticipated. As a result, the number of participants was lower than planned.

The project fostered several protective factors including:

- increased involvement in pro-social activities and healthy lifestyles;
- increased opportunities for positive engagement with peers and the community;
- increased perception of social support from adults and peers;
- increased healthy lifestyle choices; and
- increased social competencies and problem-solving skills.

Reports of increased respect and co-operation, improved focus in class, higher academic productivity and reductions in risk-taking behaviour were common.

ACCESS THE FULL REPORT:
www.publicsafety.gc.ca

OCCUPATIONAL STRESS, ANXIETY AND COPING STRATEGIES IN POLICE OFFICERS

D. Acquadro Maran, G. Varetto, M. Zedda, and V. Ieraci

Background

Studies on occupational stress have shown that police officers are exposed to stressful events more often than other workers and this can result in impaired psychosocial well-being and physical health.

The aim of this research was to investigate the stressors perceived by a sample of police officers working in a large city in northern Italy and to consider the effects of gender, organizational role and years of operation on the perception of stress. The study also sought to measure the level of stress they experienced, the consequences of anxiety and the coping strategies they adopted.

Methods

We used the Police Stress Questionnaire and the Distress Thermometer to measure occupational stress, the State-Trait Anxiety Inventory to measure anxiety and the Brief COPE questionnaire to measure coping strategies. The questionnaires were self-administered.

Results

The questionnaire was completed by 417 police officers — a response rate of 74 per cent. The comparison of subgroups grouped by gender and role in each sector enabled us to observe any differences in levels and type of stress. Differences between genders, sectors and roles emerged, but overall the study population generally demonstrated good use of positive coping strategies. Women in all operational service roles were more vulnerable to both organizational and operational stressors than men, while men were more vulnerable to organizational stressors.

Conclusions

Our results suggest that for Italian police officers, training courses and support in dealing with occupational stress should take into account gender, role and type of work. Tailored training courses and support programs could be useful and effective

tools for preventing stress before it becomes chronic. These courses may increase officers' abilities to cope with psychologically arduous situations and the severe psychological distress that can often undermine social functioning.

ACCESS THE FULL REPORT:
www.ncjrs.gov/pdffiles1/nij/grants/244777.pdf

RACE AND POLICING: AN AGENDA FOR ACTION

David M. Bayley, Michael A. Davis and Ronald L. Davis

The agenda is organized into two parts. Strategic voice argues that problems of race in policing cannot be resolved by the police alone. Tactical agency outlines what the police can do on their own initiative to deal with the operational dilemmas of race — in the communities they serve and in their own organizations.

Strategic voice

We believe there are two messages that police leaders must find the voice to deliver:

- Police need to be supported by policies that address the conditions that cause criminality and disorder in particular places, especially in communities of color.
- Police strategies must expand freedom and justice, not just provide safety.

Tactical agency

Police may do important things to address the dilemmas of race in policing without waiting for outside support in the form of either additional resources or progressive social policies. However, given the number and variety of American police agencies, the implementation of such actions has been uneven. Our suggestions are divided into two parts — engaging the community and managing police agencies.

Engage the community by:

- reorienting the culture of policing from going to war against lawbreakers to engaging with communities to help those at risk and in need.
- embracing community policing as the primary strategy for policing.
- developing the habit of explaining what they are doing whenever they act.
- regularly assessing how people contacted by the police feel about the treatment they received.
- creating a simple, user-friendly system for receiving complaints from the public about police behavior.
- routinely collecting and publishing information about allegations of police misbehavior, the results of investigations into them, and their disciplinary outcomes.

Manage the organization by:

- ensuring officers in supervisory positions demonstrate, by word and action, that protection of human rights should permeate all aspects of policing.
- making sure managers search out and confront racial and ethnic tensions among officers, especially perceptions by minorities that they have not received equitable treatment in assignments of promotions.
- taking time to explain the importance of neighborhood histories so officers understand the people they will be dealing with.
- developing procedures for evaluating whether officers engage effectively with communities, and reward them in recognizable ways.

Conclusion

The purpose of this article has been to move the discussion about the dilemmas of race in policing from talk to action. Although we think these actions will help ease tensions at the intersection of policing and race, race will remain difficult to talk about.

Developing an empathic voice in contemporary policing is a tall order. But words can shape events, creating new and more positive directions as scenarios unfold. In particular, they can diminish the perception that race is the sole or primary issue affecting police-minority relations. ●

ACCESS THE FULL REPORT:
www.ncjrs.gov

A police officer in Northern Italy administers a breathalyzer test to a motorist. Research has found that police officers in the region are more concerned with organizational changes than their female counterparts.

GETTING THE HELP THEY NEED

MOBILE TEAM PROVIDES RAPID RESPONSE TO PEOPLE IN CRISIS

By Chief Glenn De Caire, Hamilton Police Service

A 45-year-old man sends pictures via Facebook of him cutting himself. The Mobile Crisis Rapid Response Team (MCRRT) of the Hamilton Police Service (HPS) responds to assess the male, who has a substance abuse problem. Based on the mental status exam, he is not apprehended. Uniformed patrol would have taken him to hospital.

The subject of a missing person search during a cold-weather warning, a 13-year-old has hidden in a backyard doghouse wearing only a light jacket. MCRRT attends to the scene and is able to talk him out and back indoors.

A personal support worker calls 911 to report that a female client wants to jump off her balcony. MCRRT responds, assesses and the client is determined not a candidate for apprehension. Uniformed patrol would have taken her to hospital.

These three incidents are only too common to police, right across the country. In Hamilton, Ont., mental health apprehensions were taking place at a rate of about 2,000 per year. Translate that into resources used. But, maybe more importantly, translate that into meeting the needs of the person in crisis. Not unlike most police services, a disproportionate amount of resources were being used, while the needs of persons in crisis were not being met.

Faced with this on a daily basis, the HPS developed its MCRRT — the first of its kind in Canada — to provide direct, rapid support of persons in crisis, by pairing a uniformed officer with a mental health professional to respond to these individuals.

The goal was to reduce the number of those suffering from a mental health crisis from being taken to St. Joseph's Healthcare Hamilton's emergency psychiatric services by police officers and to divert those in crisis by connecting them with mental health service providers or partners.

HOW IT WORKS

The MCRRT proof-of-concept strategy consists of a dedicated mental health professional (MHP) assigned to divisional patrol working Monday to Friday from 10:00 a.m. to 10:00 p.m. The downtown patrol area was selected as it had the most number of mental health apprehensions.

The MCRRT partners a dedicated mental health professional with a uniformed police officer, who are dispatched to calls that involve a person in crisis.

Courtesy Chief Glenn De Caire, Hamilton Police Service

The MHP is partnered directly with a uniformed police officer and is responsible for and dispatched to all in-progress 911 calls that involve a reported person in crisis.

The MCRRT strategy has already seen positive results with a reduction in the amount of time uniformed patrol officers are standing by in emergency rooms awaiting assessments from doctors. Individuals in crisis are receiving an immediate frontline response and receiving the care they need on scene in partnership with the MHP.

The initial target was to assess 250 clients in one year. Soon this was revised to 500, as the team was set to quickly surpass the original target number.

RESULTS

The MCRRT was mobile for 291 shifts and responded to 842 individuals in crisis between Nov. 25, 2013 and Jan. 31, 2015. Of the 842 individuals seen, 226 were apprehended by the MCRRT under section 17 of the Ontario *Mental Health Act* for assessment at hospital. Of those, 42 were youth not included in these statistics.

Of the remaining 574 individuals, 500 were immediately connected to other available services and 60 were apprehended on the basis of the *Mental Health Act* and required no further assistance.

Of the apprehensions that do take place, more of the people who are apprehended go right into medical or psychiatric care instead of coming into police custody.

With MCCRT, apprehensions have fallen, diverting more than 400 from hospital and people in crisis are getting the level of care and assistance that is necessary and required.

The outcomes are very impressive and the HPS has been able to solidify this project even further. Since April, the program has expanded its daily hours of operation from 10:00 a.m. to 1:00 a.m., seven days a week — across the entire city.

In law enforcement, we know that mental illness is not criminal behaviour. But with the addition of the MCRRT, people in crisis are getting the right care at the right time. •

RCMP

ROYAL CANADIAN MOUNTED POLICE

GAZETTE READERSHIP SURVEY

Gazette magazine would like to hear from you. In an effort to make the magazine as relevant, informative and accessible as possible, we're asking our readers to participate in a survey. Tell us what you like about Gazette magazine, what you'd like to see more of and how we can make the magazine even better. The results of this voluntary survey will help us determine the content we cover and how we present it.

You can fill out the paper survey, then scan and email it to gazette@rcmp-grc.gc.ca or fax it to 613-825-8250. You can also go to **rcmp.ca/-UH4** and fill it out online. It should only take a few minutes. We appreciate your responses and feedback. Deadline is January 15, 2016.

For more information, please contact Karyn Curtis, Director of Creative Services and Publications at the RCMP's National Communications Services by sending an email to gazette@rcmp-grc.gc.ca.

1. HOW DID YOU FIRST LEARN ABOUT OR DISCOVER *GAZETTE* MAGAZINE?

- ○ Spotted it lying around the office, police detachment or training academy
- ○ From a colleague
- ○ While attending a conference
- ○ While visiting the RCMP
- ○ While visiting the RCMP's website
- ○ While following the RCMP on social media
- ○ Other, please specify . . .

_____

2. IN WHICH FORMAT DO YOU PREFER TO READ *GAZETTE* MAGAZINE?

- ○ Print magazine
- ○ Online

3. WHY DO YOU PREFER THIS FORMAT?

_____

_____

_____

4. HOW DO YOU USUALLY READ *GAZETTE* MAGAZINE?

- ○ In print
- ○ On work computer
- ○ On home computer
- ○ On personal mobile device
- ○ On work mobile device

5. WHERE DO YOU USUALLY READ *GAZETTE* MAGAZINE?

- ○ At detachment or office
- ○ In police vehicle
- ○ On public transit
- ○ At home
- ○ Other, please specify . . .

_____

6. HOW OFTEN DO YOU READ THE PRINT VERSION OF *GAZETTE* MAGAZINE?

- ○ Never
- ○ Seldom
- ○ Sometimes
- ○ Frequently
- ○ Every issue without fail

7. HOW OFTEN DO YOU READ THE ONLINE VERSION?

- ○ Never
- ○ Seldom
- ○ Sometimes
- ○ Frequently
- ○ Every issue without fail

8. DO YOU HAVE DIFFICULTY READING OR ACCESSING THE *GAZETTE* ONLINE?

- ○ Yes
- ○ No

If yes, why?

_____

9. WHICH SECTIONS INTEREST YOU MOST?

Select all that apply:

- ○ News Notes (short news items)
- ○ Editorial Message
- ○ Cover Section
- ○ Q&As
- ○ Best Practice
- ○ New Technology
- ○ Emerging Trends
- ○ Just the Facts
- ○ Featured Submissions (longer articles written by experts)
- ○ On the Leading Edge (police research)
- ○ I read it cover to cover
- ○ Online exclusives
- ○ Other, please specify...

_____

10. WHICH TOPICS INTEREST YOU MOST?

Select all that apply:

- ○ Organized crime
- ○ Terrorism
- ○ Forensics
- ○ Police partnerships
- ○ Community policing
- ○ Youth initiatives
- ○ Police tactics and training
- ○ Health and wellness
- ○ Other, please specify . . .

_____

Royal Canadian Mounted Police / Gendarmerie royale du Canada

Canada

11. WHICH TOPICS WOULD YOU LIKE TO SEE MORE OF?

12. WHAT DOES *GAZETTE* MAGAZINE DO WELL?

13. FROM YOUR PERSPECTIVE, HOW COULD IT BE IMPROVED?

14. WHICH RCMP OR RCMP-AFFILIATED PUBLICATION DO YOU READ MOST OFTEN?

- O *Gazette* magazine
- O *Pony Express*
- O The *Quarterly*
- O Other, please specify . . .

15. WHO DO YOU WORK FOR?

- O RCMP
- O Another Canadian police agency
- O Police agency outside of Canada
- O Government department
- O College or university
- O Business association
- O Other, please specify . . .

16. WHAT IS YOUR CATEGORY OF EMPLOYEE?

- O Regular Member (RM)
- O Civilian Member (CM)
- O Public Service Employee (PSE)
- O Auxiliary Constable
- O Special Constable
- O Contract/Temporary/Term
- O Other, please specify . . .

17. **WHAT IS YOUR RANK?**

- O Constable
- O Corporal
- O Sgt / Staff Sgt / Sgt Major
- O Inspector
- O Superintendent or above
- O Other, please specify . . .

18. WHAT IS YOUR AGE GROUP?

- O 24 years and under
- O 25 to 29 years
- O 30 to 34 years
- O 35 to 39 years
- O 40 to 44 years
- O 45 to 49 years
- O 50 to 54 years
- O 55 to 59 years
- O 60 years and over

19. WHAT IS YOUR PREFERRED LANGUAGE?

- O English
- O French
- O Other, please specify . . .

20. IN WHICH COUNTRY DO YOU LIVE?

- O Canada
- O United States
- O Other, please specify . . .